

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539020

FILING DATE

APPLICANT(S), ..

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	11		1			
5	1					
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	8	←	4	←		←
TOTAL CLAIMS	9		10			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←		←		←
TOTAL CLAIMS						